of cystocele. He dissects off the vesico-uterine fold of peritoneum and separates the base of the bladder from the cervix as low down as the interureteric ligament and base of the trigone, where the attachment is most intimate. The bladder is then sutured to the anterior surface of the uterus one-half inch higher up than its original site, and ventrofixation is performed. The ureters must be carefully avoided.

DERMATOLOGY.

UNDER THE CHARGE OF

LOUIS A. DUHRING, M.D.,
PROFESSOR OF DERMATOLOGY IN THE UNIVERSITY OF PENNSYLVANIA,

AND

MILTON B. HARTZELL, M.D.,
INSTRUCTOR IN DERMATOLOGY IN THE UNIVERSITY OF PENNSYLVANIA.

Etiology of Acne Vulgaris.—T. C. GILCHRIST (*The Journal of Cutaneous Medicine*, March, 1903), after alluding to the work done in this direction by Unna in 1893, Hodara in 1894, Lowry in 1896, and Sabouraud in 1894, makes the statement that "up to 1899 no observer had succeeded in obtaining the acne bacilli pure from lesions of acne vulgaris or comedo, and there was practically no proof that these bacilli were the cause of acne vulgaris." The author then directs attention to his own published work on this subject in 1899, and concludes from more recent investigations that definite bacilli (bacillus acnes) were present in all smears taken from 240 typical acne lesions from 86 patients. Pure cultures were obtained from 62 lesions (chiefly acne nodules) from 29 patients. It is present as a short, thick bacillus in smears, but in culture often becomes much longer and thicker, and in old cultures assumes distinct branching forms. He considers it definitely proved that this micro-organism is the primary cause of acne vulgaris.

A Case of Blastomycosis.—J. H. SEQUEIRA (*British Journal of Dermatology*, April, 1903) describes a case (with illustrations) of this rare and new disease, affecting chiefly the region of the lower eyelids, occurring in a strong, healthy man, aged thirty-seven years. The clinical appearances and the results of pathological examination exclude rodent ulcer, epithelioma, and other neoplasms of the skin, and also lupus and other granulomata. The diagnosis was based on the following points: 1. The face and scalp alone were affected. 2. The lesions were multiple. 3. These spread and fresh lesions appeared apparently by inoculation. 4. The edges of the tumors were well defined, and there was but little infiltration. 5. They soon became pustular, and thin, whitish pus could be squeezed from the lesions. 6. Microscopically there were numerous minute epidermal abscesses 7. In these abscesses and in the pus squeezed from them budding yeast-like organisms were found. 8. From the deeper layer of the epidermis, branching-down growths of prickle-cells were found extending into the corium. The growths were markedly influenced but were not entirely dispersed by potassium iodide in large doses.

On Spontaneous and Scar Keloid.—M. A. CHLENOV (*British Journal of Dermatology*, April, 1903, p. 156), after discussing the views held by observers as to the nature and classification of keloids, describes a case of spontaneous keloid in which there were 431 growths, fourteen being upon the genital organs. Baths (93° to 100° F.); inunction with 30 per cent. resorcin ointment; hypodermic injections of arsenic (60 injections of a 1 per cent. solution), and phototherapy by means of a Lortet-Genoud lamp (but only two treatments to two tumors) were employed. The resorcin ointment seemed to soften the tumors, and the light treatment had no effect on one tumor, but the other grew distinctly larger. The author concludes that hypertrophied scars should not be included among the keloids; that the distinction between primary and secondary keloids cannot be strictly maintained; that the histological changes in keloid growths consist in hypertrophy of the fibrous tissue (with destruction of the elastic tissue) along the bloodvessels; that the chief cause of the appearance of keloid is a special predisposition of the individual, family, or race; and, finally, that the treatment is unsatisfactory. [The long-continued use of the Röntgen rays can be commended in keloid.—L. A. D.]

Tinea Favosa Capitis Successfully Treated with Izal.—D. DUCKWORTH (*St. Bartholomew's Hospital Reports*, vol. xxxviii., 1902, p. 155) considers, from the treatment of two marked chronic, rebellious cases with this drug, that it possesses distinct advantages over most other parasiticides. Though a stimulant, and may prove an irritant, it is non-toxic. It was employed as a 50 per cent. ointment with lanolin in one case, and with glycerin and water in the other case. Improvement began in a few weeks, and the cures seemed to have been permanent in both instances. The hair grew in again except in the originally bald areas.

Lupus Treatment by Lang's Hot-air Method.—L. SPITZER (*British Journal of Dermatology*, April, 1903) states that Lang's apparatus is similar in principle to Paquelin's cautery, and is heated by benzine, and that the treatment is not followed by unpleasant consequences to the patient. Its advantages are: rapid healing; good cosmetic result, the scars being smooth, soft, and supple; possibility of application to even large areas; and the simplicity and ease of application. Should more than one treatment be necessary, there may still be hope of a successful result and permanent cure.

A Diagnostic Examination of One Hundred and Fifty Cases of Leprosy.—J. T. MCDONALD, of Hawaii (*Journal of the American Medical Association*, June 6, 1903), first states that the disease in Hawaii is on the decline, thus proving the value of segregation, established over thirty years ago. The method of apprehending and dealing with leper suspects and other practical points are referred to in detail. The following is a summary of the article: 1. The microscope is the chief agent in the final diagnosis of leprosy.

No patient should be committed to a segregated colony without a bacteriological demonstration of the disease. 2. Of clinical symptoms, macules chiefly leucodermic spots, are found in 89 per cent. of all cases. 3. The leprosy nodule found in 74 per cent. is the one chief distinguishing lesion of skin leprosy. 4. Thinning or complete loss of eyebrows and lashes is present in 63 per cent. 5. Atrophic changes in hands and forearms, with retraction and contraction of fingers and enlarged ulnar nerve in 32 per cent., a leading feature of nerve leprosy. 6. The plantar ulcer, found in 26 per cent., usually on the ball of the foot. 7. Absorption of phalanges in 16 per cent., with occasional spontaneous amputation. 8. Elephantiasis of hands and feet in 16 per cent. 9. Facial paralysis in 11 per cent. 10. The entire body should be carefully tested for anæsthetic areas. 11. Several of the above symptoms can be found, in some slight degree at least, in every leprous subject.

Favus of Scrotum Co-existing with Ringworm of Thigh: Identical Trichophyton-like Cultures.—A. D. MEWBORN (*The Journal of Cutaneous Diseases*, January, 1903) discusses the subject of the cultures of the achorion Schönleinii and the trichophyton fungus, and concludes that this case may be regarded as one in which the same trichophyton (a megalosporon ectothrix, of probable animal origin) on the same patient, but in different parts of the body, where the conditions of soil were different, produced two clinically distinct diseases, viz., favus and ringworm.

The X-rays in Lupus, Rodent Ulcer, and Other Skin Diseases.—MORRIS and DORE (*British Medical Journal*, June 6, 1903), who have, on a previous occasion, given their views in the same publication, conclude from more recent work that the X-ray treatment, while it has a well-defined sphere of usefulness, is, in the case of lupus vulgaris, much inferior in curative efficacy to Finsen's light treatment. The use of the X-rays, however, supplies certain deficiencies of the Finsen light treatment, as they can be applied to cavities inaccessible to the latter. In the treatment of lupus of mucous membranes the X-rays are more effective, and also for the healing of ulcerated areas, as well as for the relief of pain. As to the permanency of the good results obtained, opinions must be cautiously expressed. In rodent ulcer, relapses, after a varying period, are the rule.

The Red-light Treatment of Smallpox.—NIELS R. FINSEN (*British Medical Journal*, June 6, 1903) asks: Is the treatment of smallpox patients in broad daylight warrantable? Ten years ago he advocated the use of red light in the treatment of this disease, since which time it has been employed by many physicians in many places, meeting everywhere with unquestionable success, but the method to be successful must be properly conducted. It may be considered an irrefutable fact that daylight, and especially the chemical rays, have a most injurious effect on the course of smallpox, as the suppuration of the vesicles is due to the effect of light. On the other hand, light seems to have no action on the smallpox infection itself, and death caused by the latter cannot be prevented by excluding the chemical rays. But the avoidance of suppuration is in itself of the greatest importance, for it is a well-known fact that the suppurative stage is the most dangerous of the several stages of smallpox; moreover, the greatest number of deaths are due to suppuration, which, other things being equal, would be prevented if no suppuration were present. The action of light on the course of smallpox is astonishing, and the effect of the red-light treatment is one of the most striking results known in medicine; but if suppuration has begun, or is on the point of beginning, the red-light treatment will not stop it. Unless an epidemic of smallpox is of an exceptionally fatal character, the death-list may be reduced 50 per cent. by the employment of this treatment over the treatment in broad daylight. [The method referred to has been exploited in detail by Finsen in numerous publications, especially in his work on *Phototherapy* published in English, London, 1901. The author asks that a commission be appointed in Great Britain to investigate the correctness of his statements on the value of this treatment.—L. A. D.]

Radiotherapy in Diseases of the Skin.—H. R. VARNEY, of Detroit (*Journal of the American Medical Association,* June 6, 1903) in an interesting article on "Results in Radiotherapy," gives his experience with a number of cutaneous diseases, including twelve cases of lupus treated from 1900 to 1903, 10 of which were clinically cured, no other treatment than the rays being given. Most gratifying results were obtained in acne, but only the indurated pustular form of the disease, that had proved rebellious to all remedies, was treated. If the treatment is carried to the point of a production of erythema and stiffening of the skin, the peeling which follows will aid in the removal of pits and scars from old lesions. There was no recurrence in these cases. After long treatment with two cases of hypertrichosis, the author is not favorably inclined to its use in this disease. Experience with keloid and verruca has been favorable, and the same remark applies to patches of infiltrated eczema. Sycosis has yielded rapidly and with gratifying results; so also have the pittings from smallpox, though by no means so rapidly. A case of diffuse scleroderma disappeared in a short period, with only a slight tendency to recurrence.

The X-ray and the Finsen Light in Lupus.—A. D. ROCKWELL (*Journal of Cutaneous Diseases,* June, 1893, p. 296) thinks that a positive answer as to which of these two methods of treatment in lupus is the better cannot be given at present. In one case of long standing that had resisted the Finsen light, a cure resulted from fifty-five exposures to the X-rays in a period of four months. Personal idiosyncrasy and the judgment of the operator must decide the choice of the agent.

Tinea of the Nails in Iceland.—PERNET (*British Journal of Dermatology,* March, 1903, p. 106) demonstrated the parasite in finger-nail scrapings, the disease being common in Iceland, where it is contracted from sheep, one or two out of every ten peasants suffering from it. Ehlers, of Copenhagen, pointed out the parasitic nature of this disease, called in Iceland "kartnegluer" (from kart, card for combing out work, and negluer, nails). The specimen showed the mycelium, which, in some preparations, was very profuse, especially in scrapings from the under surface of the nails.